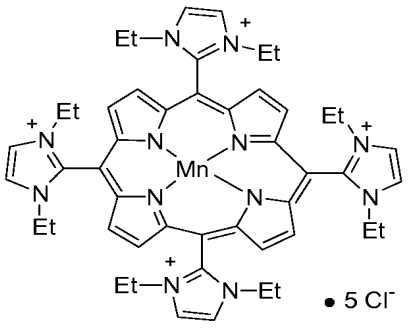
Amendments to the Claims

The following listing of claims will replace all prior versions and listings of claims in the application.

Listing of Claims:

1. (Currently Amended) A method for treating ~~**AMD,**~~ DR**[[,]]** and/or retinal edema in a patient which comprises administering to the patient in need of such treatment a pharmaceutically effective amount of a compound of formula 1:



REMARKS

A. Status of the Claims

Claim 1 was pending at the issuance of the instant Office Action. Claim 1 has been amended to remove reference to macular degeneration. No new matter has been introduced as a result of the aforementioned amendment.

B. Claim 1 is not anticipated by Crapo et al.

The Action rejects Claim 1 under 35 U.S.C. § 102(e) as anticipated by Crapo *et al.* (US 6,544,975). Specifically, the Action asserts that Crapo teaches the use of the compound of Formula I (shown on page 3 of the Action) for treating glaucoma, cataract, and macular degeneration of the eye. Claim 1 has been amended and no longer recites macular degeneration. Crapo does not teach the use of the compound to treat diabetic retinopathy or retinal edema. Therefore, Crapo cannot anticipate Claim 1. Consequently, Applicants respectfully request that this ground of rejection be withdrawn.

The Action also rejects Claim 1 under 35 U.S.C. § 102(e) as anticipated by Crapo *et al.* (US 2004/0023941). Again, the Action asserts that Crapo teaches the use of the compound of Formula I (shown on page 3 of the Action) for treating glaucoma, cataract, and macular degeneration of the eye. As pointed out above, Claim 1 has been amended and no longer recites macular degeneration. Crapo does not teach the use of the compound to treat diabetic retinopathy or retinal edema. Therefore, Crapo cannot anticipate Claim 1. Consequently, Applicants respectfully request that this ground of rejection be withdrawn.

C. Claim 1 is not obvious over Crapo et al. in view of Kato et al.

The Action rejects Claim 1 under 35 U.S.C. § 103(a) as being unpatentable over Crapo *et al.* (US 6,544,975) in view of Kato *et al.* (US 5,665,769). The Action points out that

Crapo teaches the use of a compound of Formula I (shown in the Office Action on page 3) for treating glaucoma, cataract, and macular degeneration of the eye, but fails to teach the use of the compound for treating retinal edema. The Action proceeds to cite Kato *et al.* to point out that macular degeneration and retinal edema are both retinal diseases. Thus the Action concludes that one skilled in the art would have been motivated to use the compound taught by Crapo to treat diabetic retinopathy, because Crapo taught the compound was useful for treating macular degeneration, and because macular degeneration and retinal edema are retinal diseases. Applicants respectfully traverse.

The Action's reasoning to support this rejection relies on associating macular degeneration with retinal edema because both are retinal diseases. Applicants respectfully submit, however, that the use of a compound that can treat macular degeneration to treat retinal edema would not necessarily be obvious simply because both are disorders of the retina. Macular degeneration, as described in Kato *et al.* (col. 6, line 40-41), is a degenerative disease associated with aging. The dry form of age-related macular degeneration (AMD), for example, is associated with deposition of fluorescent bodies called drusen between the retinal pigmented epithelium (RPE) and Bruch's membrane, thickening of Bruch's membrane that prevents nutrient-waste product exchange with the choroidal capillaries, loss of RPE cells due to sustained oxidative stress and inflammation, and dropout of photoreceptors. This dropout of photoreceptors is concentrated in the macular region and is termed geographic atrophy. Dry AMD frequently progresses to wet AMD, which is associated with elevated intra-retinal concentration of vascular endothelial growth factor leading to retinal neovascularization. Many of these blood vessels leak fluid, leading to retinal edema.

As Kato discloses, however, retinal edema can occur, not only as a consequence of wet AMD, but also can be induced by other diseases or incidents, including diabetic retinopathy and retinal trauma from, for example, retinal surgical procedures. Crapo suggests neither which form of AMD (wet or dry) nor which AMD-related pathological sequallae (*e.g.*, RPE cell death, Bruch's membrane thickening, or neovascularization) for which the compounds are useful for treating. Based on the Crapo disclosure, one skilled in the art

would be unsure if the compounds would be useful, for example, only for inhibiting drusen deposition and RPE cell death (*i.e.* dry AMD-related events), or if they would also be useful for treating any wet AMD-related pathology. In the former case, one skilled in the art could conclude that the compounds could be ineffective in treating retinal edema and yet still could be considered as useful for treating AMD. There is no teaching in Crapo to distinguish between these possibilities. Furthermore, neither Crapo nor Kato provide any teaching or discussion that indicates that a compound that can treat macular degeneration would *necessarily* be useful in treating retinal edema. Finally, it is not necessarily obvious to treat a consequence of a disease (*e.g.* retinal edema) with the compound that can treat the disease (*e.g.* macular degeneration), because it is possible that the disease may mostly provide the initial stimulus for the complication, but not be as involved in the propagation. Consequently, the claims are not obvious in view of Crapo and Kato. Applicants, therefore, respectfully request that this ground of rejection be withdrawn.

The Action also rejects Claim 1 under 35 U.S.C. § 103(a) as being unpatentable over Crapo *et al.* (US 2004/0023941) in view of Kato *et al.* (US 5,665,769). Again, the Action points out that Crapo teaches the use of a compound of Formula I (shown in the Office Action on page 3) for treating glaucoma, cataract, and macular degeneration of the eye, but fails to teach the use of the compound for treating retinal edema. The Action then proceeds to cite Kato *et al.* to point out that macular degeneration and retinal edema are both retinal diseases. As discussed above, one of skill in the art would not necessarily find it obvious to use a compound that can treat one retinal disease to treat a different retinal disease, simply because both are retinal diseases. Neither Crapo nor Kato provide any teaching or discussion that indicates that a compound that can treat macular degeneration would necessarily be useful in treating retinal edema. Consequently, Claim 1 is not obvious in view of Crapo and Kato. Therefore, Applicants respectfully request that this ground of rejection be withdrawn.

D. Conclusion

This is submitted to be a complete response to the outstanding Action. Based on the foregoing arguments, the claims are believed to be in condition for allowance; a notice of allowability is therefore respectfully requested.

The Examiner is invited to contact the undersigned attorney at (817) 615-5330 with any questions, comments or suggestions relating to the referenced patent application.

Respectfully submitted,

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